

Bayer HealthCare
Diabetes Care Division



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Facsimile: 571-273-8300
From: Elizabeth Gettins, Patent Paralegal
elizabeth.gettins.b@bayer.com
Facsimile: 574-262-7564 Telephone: 574-262-6448
Company: RAYER HEALTHCARE LLC
1184 Milcs Avenue
P.O. Box 10
Elkhart, IN 46515-0040
Re: Patent Application No. 10/750,270
Total pages including cover sheet: 20
Message: Documents include:
Transmittal Form;
Amendment and Response to Office Action;
Declaration for Patent Application; and
Filing Receipt.

Thank you,
Elizabeth Gettins

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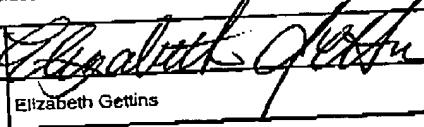
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TRANSMITTAL FORM	
(to be used for all correspondence after initial filing)	
Total Number of Pages in This Submission 20	
Application Number 10/750,270	
Filing Date January 2, 2004	
First Named Inventor Marvin A. Gershaw	
Art Unit 2857	
Examiner Name Felix E. Suarez	
Attorney Docket Number MSE 2672	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">Declaration for Patent Application Filing Receipt</div>
Remarks		
_____ _____ _____ _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Bayer HealthCare LLC	
Signature		
Printed name	Alice A. Brewer	
Date	March 17, 2006	Reg. No. 32,888

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name	Elizabeth Gettins	Date March 17, 2006

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